

09 / 473776

DO/EO BIBLIOGRAPHIC DATA ENTRY

SERIAL NUMBER:	09 / 423776	RECEIPT DATE:	11 / 10 / 99
IA NUMBER:	PCT/ AU98 / 00356	IA FILING DATE:	05 / 13 / 98
FAMILY NAME:	DUNLOP	DELAY WAIVED (Y/N):	Y
GIVEN NAME:	COLIN	DEMAND RECEIVED (Y/N):	Y
PRIORITY CLAIMED (Y/N):	Y	PRIORITY DATE:	05 / 13 / 97
NO BASIC FEE (Y/N):	N	US DESIGNATED ONLY (Y/N):	N
ATTORNEY DOCKET NUMBER:	GRZHAC P26AU	COUNTRY:	AUX
CORRESPONDENCE NAME/ADDRESS:	CUSTOMER NUMBER:	TELEPHONE	6036249220
		FAX	6036249229
NAME:	MICHAEL J BUJOLD DAVIS AND BUJOLD		
STREET:	500 NORTH COMMERCIAL STREET FOURTH FLOOR		
CITY:	MANCHESTER		
STATE/COUNTRY:	NH	ZIP:	03101
EMAIL:			
APPLICATION TITLES:	METHOD AND APPARATUS FOR MONITORING HAEMODYNAMIC FUNCTION		

TAB TO LAST POSITION, PUSH SEND